



Vaccine Navigator

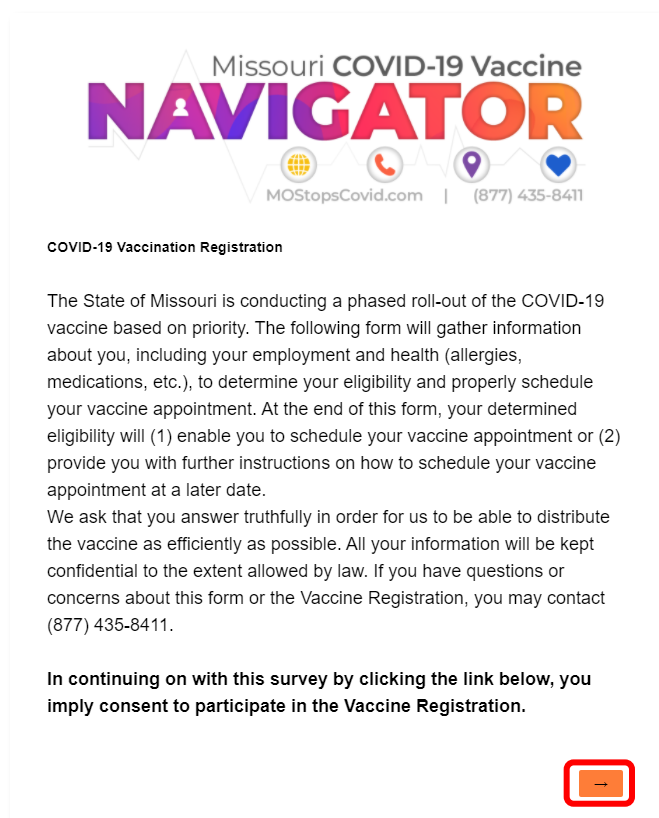
Vaccine Patient Registration Survey

Survey Link

https://modhss.iad1.qualtrics.com/jfe/form/SV_231d5TxZxkGedCt

Purpose	To record all information for Missouri residents who wish to be vaccinated, and place them into phases and/or tiers based on their priority status
Users	This form is filled out by Vaccine Patients in advance of the vaccine (can be accessed on day of vaccine as well). The patient information is recorded, and they will be contacted later to schedule
*Notes	Each submission of this survey will create a contact in our database. When a resident is eligible to schedule, a link will be sent via email allowing them to schedule their first (and later second) vaccine appointment

Missouri Department of Health & Senior Services
Vaccine Navigator
Vaccine Assessment Scheduling & Follow-up Survey



The screenshot shows the 'Missouri COVID-19 Vaccine NAVIGATOR' header with a logo featuring a globe, a phone, a location pin, and a heart. Below the header, the text reads: 'COVID-19 Vaccination Registration'. The main body of text explains that the State of Missouri is conducting a phased roll-out of the COVID-19 vaccine based on priority. It states that the form will gather information about the user, including employment and health (allergies, medications, etc.), to determine eligibility and properly schedule a vaccine appointment. It mentions that at the end of the form, the user will either be able to schedule their vaccine appointment or be provided with further instructions on how to schedule it at a later date. It also asks the user to answer truthfully and notes that all information will be kept confidential to the extent allowed by law. A contact number, (877) 435-8411, is provided for questions or concerns. At the bottom, a statement indicates that by continuing with the survey, the user implies consent to participate in the Vaccine Registration. A red box highlights an orange arrow button pointing right.


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COVID-19 Vaccination Registration

The State of Missouri is conducting a phased roll-out of the COVID-19 vaccine based on priority. The following form will gather information about you, including your employment and health (allergies, medications, etc.), to determine your eligibility and properly schedule your vaccine appointment. At the end of this form, your determined eligibility will (1) enable you to schedule your vaccine appointment or (2) provide you with further instructions on how to schedule your vaccine appointment at a later date.

We ask that you answer truthfully in order for us to be able to distribute the vaccine as efficiently as possible. All your information will be kept confidential to the extent allowed by law. If you have questions or concerns about this form or the Vaccine Registration, you may contact (877) 435-8411.

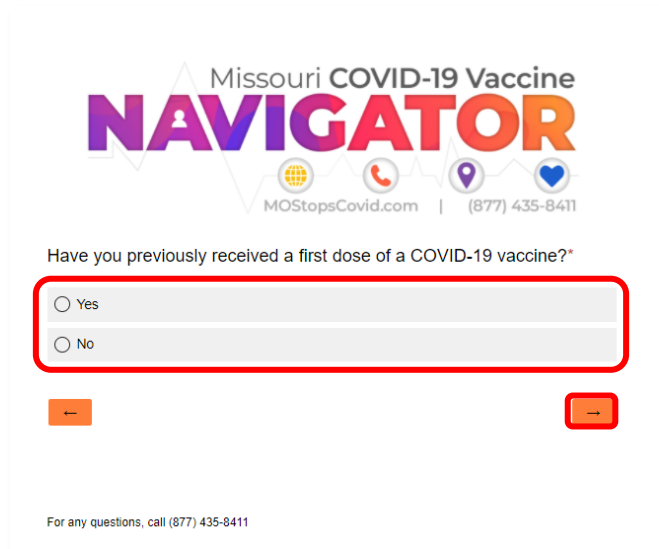
In continuing on with this survey by clicking the link below, you imply consent to participate in the Vaccine Registration.



Page 1: Welcome

- Welcomes resident to the survey and explains the vaccination assessment process

1. **Click the arrow** to proceed





The screenshot shows the 'Missouri COVID-19 Vaccine NAVIGATOR' header with the same logo as the previous page. Below the header, the question is: 'Have you previously received a first dose of a COVID-19 vaccine?'. There are two radio button options: 'Yes' and 'No'. A red box highlights the 'Yes' option. Below the options, there are two orange arrow buttons: one pointing left and one pointing right. At the bottom, there is a footer text: 'For any questions, call (877) 435-8411'.

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Have you previously received a first dose of a COVID-19 vaccine?*

☐ Yes

☐ No

For any questions, call (877) 435-8411

Page 2: Vaccinated by other means

- Determines if resident has previously been vaccinated (at a primary healthcare provider, pharmacy, hospital, etc.)

1. Indicate **whether or not you have previously received a dose of the COVID-19 vaccine**
 - If **"No"** is selected, residents will proceed to next section.
 - If **"Yes"** is selected, they will proceed to the page 2.1 warning.
2. **Click the arrow** to proceed

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If you have previously received a first dose of any COVID-19 vaccine through a primary care provider, hospital, or pharmacy, we **highly recommend that you schedule your second dose through the same organization**. This will ensure that you are provided the correct second dose and that vaccines can be distributed as efficiently as possible across the state. The survey will not restrict your ability to move forward, however we highly recommend that you close this survey and schedule through your original provider.

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Please enter your personal information:
(any field with a * is required)

Please note: Contact information will be validated with a government or employee ID at vaccination site.

First Name*

Last Name*

Date of Birth (mm/dd/yyyy)*

Email

Confirm Email

Cell Phone Number

Confirm Cell Phone Number

Page 2.1: Previously Vaccinated Warning

- If the resident indicates that they have been previously vaccinated, they will see this warning
- It is strongly advised that residents get their second vaccination in the same manner that they got their first (i.e., primary care provider, pharmacy, etc.)
- Residents will not be prevented from scheduling and getting their second dose via the Vaccine Navigator

Page 3: Patient Contact Information

- Records all of the individual's contact information
 - Validation is in place to ensure that the phone number and email fields are valid, and all fields are filled out.
1. **Fill out the Patient Contact Information** in the form
 - First Name
 - Last Name
 - Date of Birth
 - Email
 - If a resident chooses not to input an email address, they will be promoted on the following page to enter a landline
 - Cell Phone Number
 2. **Click the arrow** to proceed

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Please only provide your landline if you do **NOT** have an email address or cell phone number. It is highly recommended that you provide those as your primary contact method. You may go back to update your contact information now, or continue with a landline.

Landline*:

Confirm Landline*:

Page 3.1: Patient Landline
(no email or cell phone option)

- Displays if the resident does not enter an email address or phone number
- Resident can choose to return to the previous page and input an email and cell phone if they do not wish to provide a landline

1. **Enter Landline**
2. **Click the arrow** to proceed

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Please fill out the following information:

Address 1*

Address 2

City*

County*

State (abbreviation)*

Zip Code*

Page 3.2: Patient Contact – Address Information

1. **Enter Address**
2. **Enter City**
3. **Choose County** from the dropdown
4. **Confirm state is MO.** This is prepopulated
5. **Enter Zip Code**
6. **Click the arrow** to proceed

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Please select your ethnicity*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ None Specified
- ☐ Refused

Are you hispanic or latino?*

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Refused

Navigation buttons: back (left arrow) and forward (right arrow).

Page 4: Race/Ethnicity Questions

- Collects Demographic information for reporting purposes
1. Select your **ethnicity** and identify whether you are **Hispanic or Latino**
 2. **Click the arrow** to proceed

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Please select your gender*

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to answer
- ☐ Other

Navigation buttons: back (left arrow) and forward (right arrow).

Page 4.1: Gender Questions

1. Select your **gender**
2. **Click the arrow** to proceed

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Employment Questions:

The following questions will consist of a variety of employment questions to determine your priority status for the receipt of a COVID-19 vaccine.

Are you currently employed?*

☐ Yes

☐ No

Navigation arrows: back (left arrow) and forward (right arrow).

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Do you have a private event or employer code?*

Note: You do not need a private code to register or schedule. If you do not have a private code, please select "No".

☐ Yes

☐ No

Navigation arrows: back (left arrow) and forward (right arrow).

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Please enter your private event or employer code:*

Text input field for the private code.

Navigation arrows: back (left arrow) and forward (right arrow).

Page 5: Employment Status

- Determines if residents will have their eligibility assessed based on employment. If **"Yes"** (currently employed), then they will proceed to answer additional questions
1. Indicate whether or not you are **currently employed**
 2. **Click the arrow** to proceed

Page 5.1: Private Code

- Asks if resident is being vaccinated through an employer or private event
1. **Select** whether or not you have a private event code
 - If 'Yes' is selected, the resident will be directed to a page where they type in their private code
 - If 'No' is selected, they will move into Phase/Tier employment eligibility questions
 2. **Click the arrow** to proceed

Page 5.1.1: Enter Private Code

- After the code is entered, residents are asked to confirm and re-enter the code once. If the codes match, the resident is allowed to proceed and will be able to later schedule at the private event.
 - If their codes do not match, residents will be asked to re-enter their codes.
1. **Enter your private code**, if applicable
 2. **Click the arrow** to proceed

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Do any of these **Patient-Facing Health Care or Long-Term Care Facility** groups best describe your employment type or living situation, if any?*

- ☐ Hospitals, Long-term care facilities and residents, including Department of Mental Health (DMH)-operated facilities.
- ☐ Home health, Hospice, Dialysis centers, Urgent care.
- ☐ Vaccinator staff and those administering COVID testing.
- ☐ Congregate community healthcare settings staff and residents, including DMH contracted settings and adult day cares.
- ☐ EMS and high-risk non-congregate healthcare, including clinics, physicians, and home care providers.
- ☐ All remaining patient-facing healthcare providers, including but not limited to health care workers in emergency shelters, dental offices, school nurses, pharmacies, public health clinics, mental/behavioral health providers, and correctional settings.
- ☐ None of the Above

Next

Page 5.2: Employment Phase 1a Questions

- Assesses if resident is currently employed in a Phase 1a field/occupation
 - Selecting any of these options will place you in **Phase 1a**

1. Select what **describes your employment type or living situation, if any**
2. **Click the arrow** to proceed

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Do any of these **Emergency Services** groups best describe your employment type, if any?*

- First Responder**
 - ☐ Non-hospital EMS, federal, state, or local law enforcement officers, fire services, and certain corrections and social service agency personnel.
- Public-Facing Public Health and Other Healthcare Worker**
 - ☐ Administrators and staff at public health agencies at the federal, state, or local level and other healthcare workers that were not included in Phase 1A.
- Emergency Management and Public Works**
 - ☐ Federal, state, or local government employees in emergency management and public works agencies, identified nonprofit organizations designated as partner voluntary agencies.
- Emergency Services Sector**
 - ☐ Employees defined in the emergency services sector not otherwise listed, including law enforcement, fire and rescue services, emergency management, and public works.
- ☐ None of the Above

Next

Page 5.3: Employment Phase 1b, Tier 1 Questions

- Assesses if resident is currently employed in a Phase 1b, Tier 1 field/occupation
 - Selecting any of these options will place you in **Phase 1b, Tier 1**

1. Select what **best describes your employment type, if any**
2. **Click the arrow** to proceed

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Do any of these Critical Infrastructure groups best describe your employment type, if any?*

- ☐ **Information Technology Sector**
Employees at public, private, or nonprofit organizations that provide IT services.
- ☐ **Nuclear Reactors, Materials, and Waste Sector**
Employees at public, private, or nonprofit organizations that work in this sector.
- ☐ **Transportation Systems Sector**
Employees that are essential to the transportation systems sector, working in aviation, highway and motor carriers, maritime transportation systems, mass transit and passenger rail, pipeline systems, freight rail, and postal shipping.
- ☐ **Waste and Wastewater Systems Sector**
Employees at public, private, or nonprofit organizations that provide drinking or wastewater services.
- ☐ **Government**
Certain elected/appointed officials or other personnel designated by the executive, legislative, and judicial branches of state government; Employees designated by the federal government that fall within the state's vaccine allocation responsibilities; other state and local government personnel.
- ☐ **Food/Agriculture Sector**
Employees of certain food production and processing facilities, and related operations, prioritizing mass food production, distribution, transportation, wholesale and retail sales.
- ☐ **Energy Sector**
Employees at public, private, or nonprofit organizations that provide energy services, regardless of the energy source.
- ☐ **Dams Sector**
Employees at public, private, or nonprofit organizations that provide services in the dams sector related to critical water retention and control services.
- ☐ **Communications Sector**
Employees at public, private, or nonprofit organizations that provide communications services.
- ☐ **Childcare**
Faculty and staff in a DHS-licensed facility providing basic care to children.
- ☐ **Education**
Teachers, faculty, and staff in public, private, and nonprofit pre-K – 12.
- ☐ **None of the Above**

Page 5.4: Employment Phase 1b, Tier 3 Questions

- Assesses if resident is currently employed in a Phase 1b, Tier 3 field/occupation
 - Selecting any of these options will place you in **Phase 1b, Tier 3**
- Residents who qualify for Phase 1a or Phase 1b, Tier 1 based on their answers to the previous questions will NOT see this question

1. Select what **best describes your employment type, if any**
2. **Click the arrow** to proceed

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Age and Medical Conditions

Your Age: 22

Do you have any of the following medical conditions?*

- Cancer
- Chronic Kidney Disease
- COPD (chronic obstructive pulmonary disease)
- Intellectual and/or developmental disabilities such as Down Syndrome
- Heart Conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- Immunocompromised state from solid organ transplant
- Severe Obesity (BMI greater than 40)
- Pregnancy
- Sickle Cell Disease
- Type 2 Diabetes Mellitus

☐ Yes

☐ No

Next

Page 6: High Risk Phase 1b, Tier 2 Question

- Assesses if resident is deemed as “High Risk” and qualifies for Phase 1b, Tier 2
 - Age ≥ 65
 - Selects “Yes” to the following medical conditions
 - All residents will answer this question for reporting purposes
1. Indicate whether you have any of the following **medical conditions**
 2. **Click the arrow** to proceed

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Do any of these **Phase 2** groups best describe your employment type, if any?*

☐ Chemical Sector

☐ Commercial Facilities Sector

☐ Critical Manufacturing Sector

☐ Defense Industrial Base Sector

☐ Financial Services Sector

☐ Higher Education

☐ Food and Agricultural Sector II

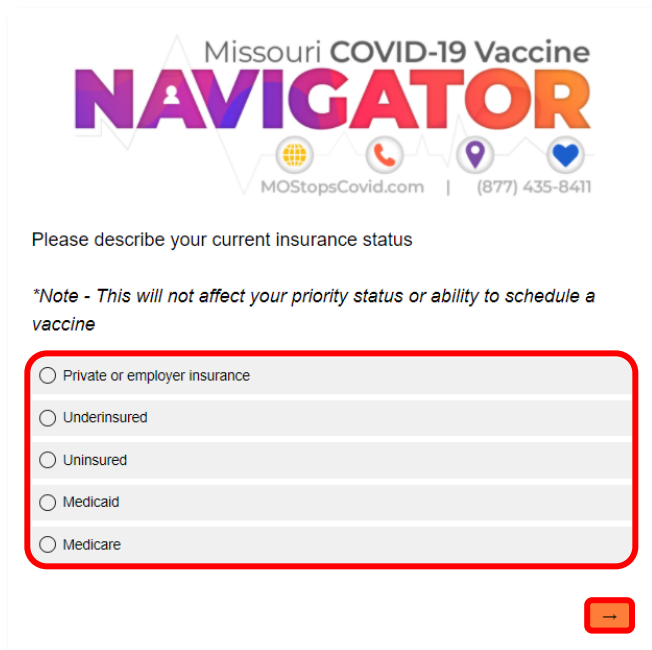
☐ None of the Above

Next

Page 6.1: Phase 2 Question

- Assesses if resident is part of Phase 2
 - Residents who qualify for Phase 1a or 1b based on their answers to the previous questions will not see this question
 - If any of the fields are selected, they will be grouped as Phase 2
1. Select what **best describes your employment type, if any**
 2. **Click the arrow** to proceed

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Please describe your current insurance status

**Note - This will not affect your priority status or ability to schedule a vaccine*

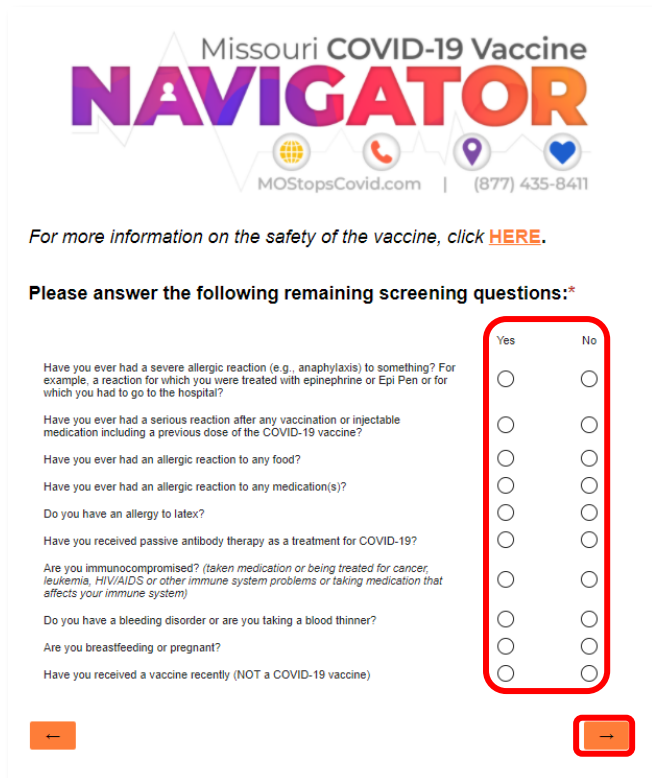
- ☐ Private or employer insurance
- ☐ Underinsured
- ☐ Uninsured
- ☐ Medicaid
- ☐ Medicare

Next arrow button

Page 7: Insurance Status Question

- Collects resident's insurance information for reporting purposes

1. Select your **Insurance Status**
2. **Click the arrow** to proceed



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For more information on the safety of the vaccine, click [HERE](#).

Please answer the following remaining screening questions:*

	Yes	No
Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or Epi Pen or for which you had to go to the hospital?	<input type="radio"/>	<input type="radio"/>
Have you ever had a serious reaction after any vaccination or injectable medication including a previous dose of the COVID-19 vaccine?	<input type="radio"/>	<input type="radio"/>
Have you ever had an allergic reaction to any food?	<input type="radio"/>	<input type="radio"/>
Have you ever had an allergic reaction to any medication(s)?	<input type="radio"/>	<input type="radio"/>
Do you have an allergy to latex?	<input type="radio"/>	<input type="radio"/>
Have you received passive antibody therapy as a treatment for COVID-19?	<input type="radio"/>	<input type="radio"/>
Are you immunocompromised? (taken medication or being treated for cancer, leukemia, HIV/AIDS or other immune system problems or taking medication that affects your immune system)	<input type="radio"/>	<input type="radio"/>
Do you have a bleeding disorder or are you taking a blood thinner?	<input type="radio"/>	<input type="radio"/>
Are you breastfeeding or pregnant?	<input type="radio"/>	<input type="radio"/>
Have you received a vaccine recently (NOT a COVID-19 vaccine)	<input type="radio"/>	<input type="radio"/>

Previous arrow button Next arrow button

Page 8: Additional Health Screening Questions

- Collects resident's allergies and/or additional health condition information for safety and reporting purposes

1. Indicate your **additional health conditions**
 - Selecting yes to any of the following will prompt you to provide more details in the following questions
2. **Click the arrow** to proceed

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Please list what food(s) you have had an allergic reaction to:*

[Red rectangular input field]

[Back arrow] [Next arrow]

Page 8.1: Follow-up Example

- For “Yes” answers to a food, vaccine, and medication allergy, resident will be asked to provide more detail

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Please enter the date you last received passive antibody therapy as a treatment for COVID-19: * (mm/dd/yyyy)

[Red rectangular input field]

[Back arrow] [Next arrow]

Page 8.2: Follow up Example (Date)

- For “Yes” answers to receiving a vaccine other than Covid recently and having received passive antibody therapy, resident will be asked to provide more detail

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the covered countermeasures. The CICP can also provide benefits to certain survivors of individuals who die as a direct result of the administration or use of covered countermeasures identified in a PREP Act declaration. The PREP Act declaration for medical countermeasures against COVID-19 states that the covered countermeasures are any antiviral medication, any other drug, any biologic, any diagnostic, any other device, or any vaccine used to treat, diagnose, cure, prevent, or mitigate COVID-19, the transmission of SARS-CoV-2 or a virus mutating from SARS-CoV-2, or any device used in the administration of and all components and constituent materials of any such product. Information about the CICP and filing a claim is available by calling 1-855-266-2427 or visiting <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine>

I, **Chloe Ostroff**, acknowledge and agree that I have received or have been advised of the Missouri Department of Health and Senior Services' Notice of Privacy Practices and where I can obtain any revisions made to this Notice.*

☐ I agree
☐ I do not agree

Next button

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You must agree to schedule a vaccination. Please go back to change your answer. If you do not agree to privacy practices, continue forward to end the survey.

Back button (highlighted) and Next button

Page 9: Privacy Consent Form

- Provides residents with information on Missouri's Privacy Practices
- 1. Select **whether or not you agree to the statement of consent**
 - If you select "I do not agree", you will be sent to another page with additional information
- 2. **Click the arrow to proceed**

Page 9.1: Disagree to Consent Caution Message

- If they do not consent, they will see the following message: "You must agree to schedule a vaccination. Please go back to change your answer. If you do not agree to privacy practices, continue forward to end the survey." If they then continue forward, their survey will end, and their record will not be collected

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The screenshot shows the 'COVID-19 VACCINATION CONSENT' form. At the top is the 'Missouri COVID-19 Vaccine NAVIGATOR' logo with icons for a globe, phone, location pin, and heart, and the text 'MOSopsCovid.com | (877) 435-8411'. The form contains several paragraphs of text explaining the vaccine, its effectiveness, and the consent process. It includes a section for the user to certify they have read and understood the Vaccine Information Statement (VIS). At the bottom, there are two radio button options: 'I accept' (which is selected and highlighted with a red box) and 'I decline'. Below these options are two orange buttons with arrows pointing left and right.

The screenshot shows the 'Disagree to Consent Caution Message' screen. It features the same 'Missouri COVID-19 Vaccine NAVIGATOR' logo and contact information at the top. The main text states: 'You must certify that you have answered truthfully to schedule a vaccine. Please go back to change your answer. Otherwise, continue forward to end the survey.' At the bottom, there are two orange buttons with arrows pointing left and right.


Page 10: COVID Consent Form

- Provides residents with information on the COVID-19 Vaccine
 - Certifies that residents answer all the questions truthfully
1. Select **whether or not you agree accept the statement of consent**
 - If you select "I decline", you will be sent to another page with additional information
 2. **Click the arrow** to proceed

Page 10.1: Disagree to Consent Caution Message

- If they do not consent, they will see the following message: "You must agree to schedule a vaccination. Please go back to change your answer. If you do not agree to privacy practices, continue forward to end the survey." If they then continue forward, their survey will end and their record will not be collected.

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You have been grouped in Phase 1a

Thank you for completing the survey. You will be contact via email and text when vaccinations for Phase **1a** begin, and you will be notified when a vaccine is available for you. Please continue to the next page to end the survey and record your information. You will receive a confirmation message shortly.

If you believe that you have been placed in the incorrect group, please contact our call center at (877) 435-8411.

Please click the arrow below to submit your information to our contact list.



We thank you for your time spent taking this survey.
Your response has been recorded.

Page 11: Tier and/or Phase Assignment

- Displays which phase/tier the resident has been placed in
- Residents who qualify to be vaccinated will receive an email that will provide them with a link to schedule their appointment

1. **Click the arrow** to proceed

Page 12: Survey End

- Thanks residents for taking the survey
- Residents will also receive an email and a text message with follow-up information